	117
ition or Docket Number	

PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003					10/705,717					
CLAIMS AS FILED - PART   (Column 2)				SMALL ENTITY TYPE OR			OTHE	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS	52					RAT	E FEE	7	RATE	FEE
FOR		MUMBER FILED		NUM	BER EXTRA	BASIC	FEE 375.00	OR	BASIC FEI	750.00
TOTAL CHARGE	BLE CLAIMS	52 minus 20=			3.2	X\$ 6		OR	X\$18=	576.
INDEPENDENT CI	minus 3 =			X42		OR	X84=			
MULTIPLE CEPENDENT CLAIM PRESENT						700		<del>                                     </del>		
* If the difference in column 1 is less than zero, enter "O" in column 2				+140		JOR	+280=			
CLAIMS AS AMENDED - PART II				TOT	r	JOR		<u> </u>		
	(Column 1) (Column 2) (Column 3)						LL ENTITY	OR	OTHER	THAN ENTITY
A Total  Endependent	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	EER HUSLY	PRESENT EXTRA	RATI	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
Total	. 52	Minus	<b>~</b> 5	2	• .	X\$ 9		OR	X\$18=	PES
ERROT DOSCO	NTATION OF M	Minus	en-	3	- 2	X42		OR	384	400.
. 0:1	erm pail	_				+140	1	OR	+280=	
10:24.05	, pa/2	Icr 6	127/65			ADDIT, P		OR	YOTAL ADDIT, FEE	400.
10/11-3	(Column 1)		(Cotum		(Column 3)				·	
Total Independent	REMAINING . AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRÉSENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	• . 58	Minus	· 5	2	-	X\$ 9-		OR	X\$18=	
FIRST PRESER	NTATION OF MIL	Minus LTIPLE DEI	PENDENT	CLAIM	•67	X42=		OR	X84=	
						+140=		OR	+280=	
4.13.0	0	Clas	ms 1	770	5517	ADDIT RE		OR	TOTAL COST, FEE	
175	(Column 1)	Cui	(Colum	n 2)	(Column 3)			•		
RENT C	REMAINING AFTER AMENDMENT		HIGHE HUMB PREVIOU PAID R	ER JELY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total .	100	Minus			• .	X\$ 9=		OR	X\$18=	
II 2 I	TATION OF MU	Minus	eee CAIDCAIR	<b>A</b> 400 c	•	X42-		OR	X84=	
1 mor Prieser					لللب	+140=		OR OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Proviously Pale For" IN THIS SPACE is less than 20, onler "20."			TOTA		UB [	TOTAL				
The Highest Number Proviously Paid For IN THIS SPACE is been than 3, enter 3.  ADDIT. FEE										
FORM PTO-675 (Res. 128		· · · · · ·					amod (Silve II)			

10/1057/7